## DECLARATION COMBINED WITH POWER OF ATTORNEY

Page 1 of 2 Attorney Docket No. 8494

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

XI I' I will a significant and calc inventor (if only one name is listed below) or an original first and joint

	I believe I am the original	inal, first and sole inven	tor (if only one name is listed b	pelow) or	an original, first and joint
invent	or (if plural names are l	isted below) of the subj	ect matter which is claimed and	for which	ch a patent is sought on the
	ion entitled				
FILTE	RS AND FILTER MA	TERIAL FOR THE REM	MOVAL OF MICROORGANIS	MS ANI	O PROCESSES FOR
	G THE SAME				
the spe	ecification of which				
	[X]	is attached hereto.			
	[]	was filed on	as		
		PCT International Ap	oplication Number	·	
	I haraby state that I ha	ve reviewed and underst	and the contents of the above id	lentified :	specification, including the
claims		nendment referred to ab			· · · · · · · · · · · · · · · · · · ·
Clamin	I acknowledge the dut	v to disclose information	n which is material to patentab	ility as d	lefined in Title 37 Code of
Federa	al Regulations §1.56.	,	•		
	I hereby claim foreign	priority benefits under	Title 35 United States Code §1	19(a)-(d)	or §365(b) of any foreign
applic	ation(s) for patent or i	nventor's certificate, or	§365(a) of any PCT Internation	nal appli	cation which designated at
least	one country other than	the United States of A	America, listed below and have	also ide	entified below any foreign
applic	ation for patent or Inve	ntor's certificate, or of a	ny PCT international applicatio	n having	a filing date before that of
	plication on which prio				
10	Prior Foreign Applicat	ion(s)		Priority	Claimed
171	Filor Poteign Applica	JOH(5)		[]	[]
	(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
į.	(14dilloci)	(Country)	(Du), 1.1011a12 1 0ax 1 1100)	[]	[]
: E	(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
1 mm/ ems: 1 mm/	I hereby claim the l	enefit under Title 35.	United States Code §119(e)	of any	United States provisional
	cation(s) listed below.	,	· · · ·	•	-
I.A					
Appl	ication Serial No.	Filing Date	Application Serial No.		Filing Date
	I hereby claim the ber	iefit under Title 35, Unit	ted States Code §120 of any Uni	ited State	es application(s), or §365(c)
of an	y PCT International ap	plication designating the	e United States of America, list	ed below	and, insofar as the subject
matte	r of each of the clair	ns of this application	is not disclosed in the prior U	Jnited S	tates or PCT International
appli	cation in the manner pr	ovided by the first paras	graph of Title 35, United States	Code §1	12, I acknowledge the duty
to dis	sclose information whi	ch is material to patent	ability as defined in Title 37,	Code of	Federal Regulations §1.56
		veen the filing date of the	ne prior application and the nation	onal or F	C1 international filing date
of thi	s application:				
TT 4	T. D A 11	DCT De	Parent Filing Date	<del></del>	Parent Patent Number
U.S	S. Parent Application	PCT Parent Number	(MM/DD/YYYY		(If applicable)
	Number	Number		<del>'</del>	(11 applicable)
		<u> </u>			
Asna	amed inventor. I hereby	appoint the following r	registered practitioner(s) to pros	ecute thi	s application and to transact

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

		Associate	Associate Power	
Atty Name	Atty Reg Number.	of Attorney	Attached	
James C. Vago	40,855	[] Yes	[X] No	
Emelyn L. Hiland	41,501	[] Yes	[X] No	
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I hereby declare that all statements ma	nde herein of	f my own knowle	edge are true and that all statements made of
information and belief are believed to be	e true; and	further that these	statements were made with the knowledge th
willful false statements and the like so	made are pur	nishable by fine o	r imprisonment, or both, under Section 1001
	at such willfu	il false statements	may jeopardize the validity of the application
any patent issued thereon.			
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